

# DOCKET FILE COPY ORIGINAL

Received & Inspected

October 4, 2013

Ms. Marlene H. Dortch Secretary Federal Communications Commission 445 12th Street, S.W. Washington, DC 20554 Received & inspected FCC Mail Room

FCC Mail Room

Re:

In the Matter of Connect America Fund, A National Broadband Plan for Our Future, Establishing Just and Reasonable Rates for Local Exchange Carriers, High-Cost Universal Service Support, Developing a Unified Intercarrier Compensation Regime, Federal-State Joint Board on Universal Service, Lifeline and Link-Up, Universal Service Reform – Mobility Fund, WC Docket Nos. 10-90, 07-135, 05-337, 03-109, CC Docket Nos. 01-92, 96-45, GN Docket No. 09-51, WT Docket No. 10-208

Dear Ms. Dortch:

On behalf of Alliance Communications Cooperative, Inc.-Baltic (SAC 391642), please find enclosed one copy of FCC Form 481, containing Confidential Financial Information and two copies of Alliance Communications Cooperative, Inc.-Baltic (SAC 391642)'s FCC Form 481, containing Confidential Financial Information in redacted form.

Please do not hesitate to contact me at (605) 594-8228 if you have any questions regarding this submission.

Respectfully submitted,

Kari J. Flanagan

**CFO** 

Alliance Communications Cooperative, Inc.-Baltic (SAC 391642)

No. of Copies rec'd 1

|   | m 481 - Carrier Applied Reporting<br>Rection Form  |  | ACC THE<br>COMP OF<br>HEY AND  |  |
|---|--|--|--|--|
| <010>   | Study Area Code  | 391642   |  |  |
| <015>   | Study Area Name  | BALTIC TELECOM COOP.                               |  |  |
| <020>   | Program Year   | 2014   |  | s inspected                                      |
| <030>   | Contact Name: Person USAC should contact with questions about this data  | Kari Flanagan                                      | •  | Received 5 4 2013                                |
| <035>   | Contact Telephone Number:<br>Number of the person identified in data line <030:  | 605-594-8228                                       |  | Received & Inspected  77 2 4 2013  FCC Mail Room |
| <039>   | Contact Email Address:<br>Email of the person identified in data line <030>  | kjflanagan@alliancecom                             | n.net  | FCC Incom  |
| AANU?   | REPORTING FOR ALL CARRIERS   | Service Control                                    |  | Completed Completed                              |
| <100>   | Service Quality Improvement Reporting  | 6  | (complete attached worksheet)  | (check box when complete)                        |
| <200><br><210>                                | Outage Reporting (voice) < check box if  | no outages to report                               | complete attached worksheet)   | <i>'</i>   |
| <300><br><310><br><320><br><330>              | Unfulfilled Service Requests (voice)  Detail on Attempts (voice)  Unfulfilled Service Requests (broadband)  Detail on Attempts (broadband)   |  | (attach descriptive document) (attach descriptive document)  |  |
| <400><br><410><br><420><br><430><br><440>     | Number of Complaints per 1,000 customers (voice Fixed Mobile  Number of Complaints per 1,000 customers (broad Fixed  |  |  |  |
| <710> <800> <900> <1000> <1010> <1110> <1110> | Service Quality Standards & Consumer Protection  391642sd510  Functionality in Emergency Situations  391642sd610  Company Price Offerings (voice)  Company Price Offerings (broadband)  Operating Companies and Affiliates  Tribal Land Offerings (Y/N)?  Voice Services Rate Comparability  Terrestrial Backhaul (Y/N)?  Terms and Condition for Lifeline Customers | (a<br>(a<br>(i<br>(i<br>(if yes,<br>(i<br>(if not, | check to indicate certification) ttached descriptive document) check to indicate certification) ttached descriptive document) complete attached worksheet) check to indicate certification) (attach descriptive document) check to indicate certification) complete attached worksheet) complete attached worksheet) |  |
| <2000><br><2005>                              | Price Cap Carriers, Proceed to <u>Price Cap Additiona</u><br>Including Rate-of-Return Carriers affiliated with Pri   | ce Cap Local Exchange Carr                         |  |  |
| <3000><br><3005>                              | Rate of Return Carriers, Proceed to <u>ROR Additiona</u>   | (0   | chet  check to indicate certification)  complete attached worksheet)   | ✓  |

| SELECTION OF | ervice Quality improvement Reporting<br>blection Form   | FCC Form 481<br>OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2013 |
|--------------|---|--|
| <010>        | Study Area Code 391642  |  |
| <015>        | Study Area Name BALTIC TELEC  | OM COOP.   |
| <020>        | Program Year 2014   |  |
| <030>        | Contact Name - Person USAC should contact regarding this data Kari  | Flanagan   |
| <035>        | Contact Telephone Number - Number of person identified in data line <030> 605   | -594-8228  |
| <039>        | Contact Email Address - Email Address of person identified in data line <030> kg  | lanagan@alliancecom.net  |
| <110>        | Has your company received its ETC certification from the FCC?   | (yes / no ) <b>O</b>   |
| <111>        | If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?   | (yes / no ) O O  |
|              | If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.                 |  |
| <112>        | Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your com CETC which only receives frozen support, your progress report is only required to address voice telephony service. | pany is a  |
|              | Please check these boxes below to confirm that the attached PDF, on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.   | Name of Attached Document (.pdf)   |
| <113>        | Maps detailing progress towards meeting plan targets  |  |
| <114>        | Report how much universal service (USF) support was received  | <del></del>  |
| <115>        | How (USF) was used to improve service quality   | <del>                                     </del>                                 |
| <116>        | How (USF)was used to improve service coverage   |  |
| <117>        | How (USF) was used to improve service capacity  |  |
| <118>        | Provide an explanation of network improvement targets not met in the prior calendar year.   |  |

| Data Coll | vice Outage R<br>ection Form | eporting (Voi   | ce)              |                  |                  |                      |                |                |                | CC Form 481<br>DMB Control No. 3050<br>uly 2013 | -0986/OMB Control I | No. 3060-0819 |  |
|-----------|------------------------------|-----------------|------------------|------------------|------------------|----------------------|----------------|----------------|----------------|---|---------------------|---------------|--|
| <010>     | Study Area Co                | ode             |                  |                  |                  | 391642               |                |                |                |   |                     |               |  |
| <015>     | Study Area N                 | ame             |                  |                  |                  | BALTIC TELECOM COOP. |                |                |                |   |                     |               |  |
| <020>     | Program Year                 | r               |                  |                  |                  | 2014                 |                |                |                |   |                     |               |  |
| <030>     | Contact Name                 | e - Person USA  | C should contac  | t regarding the  | s data           | Kari Flanagan        |                |                |                |   |                     |               |  |
| <035>     | Contact Telep                | ohone Number    | - Number of pe   | erson identified | in data line <03 | 30> 605-594-8228     |                | -              |                |   |                     |               |  |
| <039>     | Contact Emai                 | l Address - Ema | il Address of pe | erson identified | in data line <0  | 30> kjflanagan@al    | lliancecom.net |                |                | •   |                     |               |  |
| <220>     | <a></a>                      | <b1></b1>       | <b2></b2>        | <b3></b3>        | <b4></b4>        | <c1></c1>            | <c2></c2>      | <d>&gt;</d>    | <e></e>        | < <b>f&gt;</b>                                  | <g></g>             | <h>&gt;</h>   |  |
|           | NORS<br>Reference            | Outage Start    | Outage Start     | Outage End       | Outage End       | Number of            |                | 911 Facilities | Service Outage | Did This Outage                                 |                     |               |  |

|          | <a></a>   | <b1></b1>    | <b2></b2>    | <b3></b3>  | <b4></b4>  | <c1></c1>                             | <c2></c2>       | <d></d>                                 | <e></e>            | <f></f>         | <g></g>        | <h>&gt;</h>  |
|----------|-----------|--------------|--------------|------------|------------|---------------------------------------|-----------------|---|--------------------|-----------------|----------------|--------------|
|          | NORS      |              |              |            |            |                                       |                 |   |                    | Did This Outage |                |              |
| - 1      | Reference | Outage Start | Outage Start | Outage End | Outage End | Number of                             |                 | 911 Facilities                          | Service Outage     | Affect Multiple |                |              |
|          | Number    | Date         | Time         | Date       | Time       | Customers Affected                    | Total Number of | Affected                                | Description (Check | Study Areas     | Service Outage | Preventative |
| - 1      |           |              |              |            |            |                                       | Customers       | (Yes / No)                              | all that apply)    | (Yes / No)      | Resolution     | Procedures   |
| Г        |           |              |              |            |            |                                       |                 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                    | (100) 110)      |                |              |
| r        |           |              |              |            |            |                                       |                 |   |                    |                 |                |              |
| H        |           |              |              |            |            |                                       |                 |   |                    |                 |                |              |
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| L        |           |              |              |            |            |                                       |                 |   |                    |                 |                |              |
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| ı        |           |              |              |            |            |                                       |                 |   |                    |                 |                | <del> </del> |
| ١        |           | -            |              |            |            |                                       |                 |   |                    |                 |                |              |
| H        |           |              |              |            |            |                                       | See attache     | d                                       |                    |                 |                |              |
| <u> </u> |           |              |              |            |            | l                                     |                 |   |                    |                 |                |              |
| L        |           |              |              |            |            | wq                                    | rksheet         |   |                    |                 |                |              |
|          |           |              |              |            |            |                                       |                 |   |                    |                 |                |              |
| Г        |           |              |              |            |            |                                       |                 |   |                    |                 |                |              |
| h        |           |              |              | -          |            |                                       |                 |   |                    |                 |                |              |
| ⊢        |           |              |              |            |            |                                       |                 |   |                    |                 |                |              |
| ⊢        |           |              |              |            |            |                                       |                 |   |                    |                 |                |              |
| L        |           |              |              |            |            |                                       |                 |   |                    |                 |                |              |
| L        |           |              |              |            |            |                                       |                 |   |                    |                 |                |              |
| Г        |           |              |              |            |            |                                       |                 |   |                    |                 |                |              |
| ۲        |           |              |              |            |            |                                       |                 |   | <del> </del>       |                 |                | <del></del>  |
| H        |           |              |              |            |            |                                       |                 |   | <del> </del>       |                 |                |              |
| ⊢        |           |              |              |            |            |                                       |                 |   |                    |                 |                |              |
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| L        |           | I            |              |            |            |                                       |                 |   |                    |                 |                |              |
| Г        |           |              |              |            |            |                                       | ****            |   |                    |                 |                |              |
| <u> </u> |           |              |              |            |            | · · · · · · · · · · · · · · · · · · · |                 |   | I                  |                 |                | 1            |

|       | of Citierings Industries Votes Tate Data<br>Spoller Form   | PCF Control No. 2000/09/FOH Control No. 2000/09/FOH Control No. 2000/09/FOH |
|-------|--|---|
|       | 如此,我们就是一个人的。<br>第二章  | 99b/2013  |
| <010> | Study Area Code  | 391642  |
| <015> | Study Area Name  | BALTIC TELECOM COOP.  |
| <020> | Program Year   | 2014  |
| <030> | Contact Name - Person USAC should contact regarding this data  | Kari Planagan   |
| <035> | Contact Telephone Number - Number of person identified in data line <030>  | 605-594-8228  |
| <039> | Contact Email Address - Email Address of person identified in data line <030>  | kjflanagan@alliancecom.net  |
|       |  | ·   |
| <701> | Residential Local Service Charge Effective Date 1/1/2013   |   |
| .702- | Clark Connection Devices the Connection of the C | <del></del>   |

| <703> | sale     | <b>92</b> 2     | -selv "    | - chi-    | -d3x                              | -4b3>                        | KD45                      | e05e                                      | ep e                         |
|-------|----------|-----------------|------------|-----------|-----------------------------------|------------------------------|---------------------------|---|------------------------------|
|       | State    | Exchange (ILEC) | SAC (CETC) | Rate Type | Residential Local<br>Service Rate | State Subscriber Line Charge |                           | Mandatory Extended Area<br>Service Charge | Total per line Rates and Fee |
|       |          |                 |            |           |                                   |                              | Otate Omforda Service Fee | Service Charge                            | Total per line nates and Fee |
|       |          |                 |            |           |                                   |                              |                           |   |                              |
|       |          |                 |            |           |                                   |                              |                           |   |                              |
|       |          |                 |            |           |                                   |                              |                           |   |                              |
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|       |          |                 |            |           |                                   |                              |                           |   |                              |
|       |          |                 |            |           |                                   |                              |                           |   |                              |
|       |          |                 |            |           |                                   |                              |                           |   |                              |
|       |          |                 |            |           | See att                           | ached worksheet              |                           |   |                              |
|       |          |                 |            |           |                                   |                              |                           |   |                              |
|       | <b>-</b> |                 |            |           |                                   |                              |                           |   |                              |
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|       |          |                 |            |           |                                   |                              |                           |   |                              |
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|       |          |                 |            |           |                                   |                              |                           |   |                              |
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|-------|--|--|
| <010> | Study Area Code  | 391642   |
| <015> | Study Area Name  | BALTIC TELECOM COOP.   |
| <020> | Program Year   | 2014   |
| <030> | Contact Name - Person USAC should contact regarding this data  | Kari Flanagan  |
| <035> | Contact Telephone Number - Number of person identified in data line <  | 030> 605-594-8228  |
|       |  |  |

| <b>et</b> | <b>-2</b> 2 i   |                                       | <b>#2&gt;</b>           | KC                  | su <b>edt</b> s:                                | 482b                                       | 40)                     | Terror (   |
|-----------|-----------------|---------------------------------------|-------------------------|---------------------|---|--|-------------------------|--|
| State     | Exchange (ILEC) | Residential Rate                      | State Regulated<br>Fees | Total Rate and Fees | Broadband Service -<br>Download Speed<br>(Mbps) | Broadband Service -<br>Upload Speed (Mbps) | Usage Allowance<br>(GB) | Usage Allowance<br>Action Taken Whe<br>Limit Reached (sele |
|           |                 |                                       |                         |                     |   |  |                         |  |
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|           |                 |                                       |                         |                     |   |  |                         |  |
|           |                 |                                       | e attached              |                     |   |  |                         |  |
|           | -               | work                                  | sheet                   |                     |   |  |                         |  |
|           |                 |                                       |                         |                     |   |  |                         |  |
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|          |   |                 |               |  |
| <010>    | Study Area Code 39  | 1642            |               |  |
| <015>    |   | LTIC TELECOM CO | OP.           |  |
| <020>    |   | 014             |               |  |
| <030>    |   | ari Flanagan    |               | · · · · · · · · · · · · · · · · · · ·  |
| <035>    | Contact Telephone Number - Number of person identified in data line <030>     |                 |               |  |
| <039>    | Contact Email Address - Email Address of person identified in data line <030> | kjflanagan@all  | liancecom.net |  |
| <810>    | Reporting Carrier Alliance Communications Cooperative, IncB                   | Baltic          |               |  |
| <811>    | Holding Company   |                 | ····          |  |
| <812>    | Operating Company Alliance Communications Cooperative, Inc.                   |                 |               |  |
| <813>    | i calb  |                 | 492           |  |
|          | Affiliates  |                 | SAC           | Doing Business As Company or Brand Designation   |
|          |   |                 |               |  |
|          |   |                 |               |  |
|          |   | C               |               | 14   |
|          |   | 366 8           | ttached works | neet   |
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|          | tal table Reporting  | FCC#orm#81  |
|----------|--|---|
| Oald col | lection form   | OMB Control No. 8060-0986/OMB Copyrol No. 8060-0886 |
|          | And the second s | cauly 2015  |
| <010>    | Study Area Code  | 391642  |
| <015>    | Study Area Code Study Area Name  |   |
| <020>    | Program Year   | BALTIC TELECOM COOF. 2014                           |
| <030>    | Contact Name - Person USAC should contact regarding this data  | Kari Flanagan                                       |
| <035>    | Contact Telephone Number - Number of person identified in data line  |   |
| <039>    | Contact Email Address - Email Address of person identified in data line  |   |
|          |  | NJEZUMAGAIRAZZZANCECONI.NEL                         |
| <910>    | Tribal Land(s) on which ETC Serves   |   |
|          |  |   |
|          |  |   |
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|          |  |   |
|          |  |   |
|          |  |   |
|          |  |   |
| <920>    | Tribal Government Engagement Obligation  |   |
|          |  | Name of Attached Document (.pdf)                    |
|          |  | realite of recomment (.pdf)                         |
|          | If your company serves Tribal lands, please select (Yes,No, NA) for  |   |
|          | each these boxes to confirm the status described on the attached   |   |
|          | PDF, on line 920, demonstrates coordination with the Tribal  |   |
|          | government pursuant to § 54.313(a)(9) includes:  |   |
|          |  | Select  |
|          |  | (Yes,No,  |
|          |  | NA)   |
| <921>    | Needs assessment and deployment planning with a focus on Tribal  |   |
| -022-    | community anchor institutions;   | MALL  |
| <922>    | Feasibility and sustainability planning;   |   |
| <923>    | Marketing services in a culturally sensitive manner;   |   |
| <924>    | Compliance with Rights of way processes  |   |
| <925>    | Compliance with Land Use permitting requirements   |   |
| <926>    | Compliance with Facilities Siting rules  |   |
| <927>    | Compliance with Environmental Review processes   |   |
| <928>    | Compliance with Cultural Preservation review processes   |   |
| <929>    | Compliance with Tribal Business and Licensing requirements.  |   |
|          |  |   |
|          |  |   |

|        | Terrestrial Rackhaul Reporting ection Form  | PCCForm AS1  ONS Control No. "SUSCIONECONOCING." 3000-0819 |
|--------|---|--|
|        |   | 20V/2018   |
| <010>  | Study Area Code   | 391642   |
| <015>  | Study Area Name   | BALTIC TELECOM COOP.                                       |
| <020>  | Program Year  | 2014   |
| <030>  | Contact Name - Person USAC should contact regarding this data   | Kari Flanagan  |
| <035>  | Contact Telephone Number - Number of person identified in data line <030>   | 605-594-8228   |
| <039>  | Contact Email Address - Email Address of person identified in data line <030>   | kjflanagan@alliancecom.net                                 |
| <1120> | Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G)  |  |
| <1130> | Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G) |  |
|        |   |  |
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|        | erns and Condition for Chilling Castomers  | FCCFDm/QQ   |
|--------|--|---|
|        | ection Form  | GMB Control No. 3000-0986/OMB Control No. 3000-0949 april 3007-2013 |
| <010>  | Study Area Code  | 391642  |
| <015>  | Study Area Name  | BALTIC TELECOM COOP.  |
| <020>  | Program Year   | 2014  |
| <030>  | Contact Name - Person USAC should contact regarding this data  | Kari Flanagan   |
| <035>  | Contact Telephone Number - Number of person identified in data li  |   |
| <039>  | Contact Email Address - Email Address of person identified in data I   | (C 1000)  |
| 10005  | Contact Email Address of person designed in data i   | TIE COSO/ A) Transparation Common                                   |
|        |  |   |
|        |  |   |
| <1210> | Terms & Conditions of Voice Telephony Lifeline Plans   | 391642md1210  |
|        |  | Name of attached document (.pdf)                                    |
| <1220> | Link to Public Website   | HTTP  |
|        | "Please check these boxes below to confirm that the attached PDF, on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report: |   |
| <1221> | Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,  |   |
| <1222> | Details on the number of minutes provided as part of the plan,   |   |
| <1223> | Additional charges for toll calls, and rates for each such plan.   |   |
|        |  |   |
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|                  | to (a) Cerie Additional Society metro:   | file Som ARI  |
|------------------|--|---|
|                  | r Rans-up-Bertan Corriers of Wated wher Pack Cap Local Eachdage Corriers   | CAME Control No. DOGI-LABOCIONE Control No. 2005<br>SAN 2013  |
|                  |  |   |
| <010>            |  |   |
| <015>            |  | TELECOM COOP.   |
| <020>            |  |   |
| <030>            |  | anagan<br>594-8228  |
| <035><br><039>   |  | 1394-8228<br>lanagan@alliancecom.net  |
| 10337            | Contact Email Address - Email Address of person identified in data line <0.50> ×1.1.1  | tallaganeattialicecom.ilec  |
|                  |  |   |
|                  |  |   |
| CHECK t          |  | ase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II |
|                  | support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the   | information reported on this form and in the documents attached below is accurate.  |
|                  |  |   |
|                  |  |   |
|                  | Incremental Connect America Phase I reporting  |   |
| <2010>           |  |   |
| <2011>           | 3rd Year Certification (47 CFR § 54.313(b)(2))   |   |
|                  | Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))  |   |
| <2012>           | 2013 Frozen Support Certification  |   |
| <2013>           | 2014 Frozen Support Certification  |   |
| <2014>           | 2015 Frozen Support Certification  |   |
| <2015>           | 2016 and future Frozen Support Certification   |   |
|                  | Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))   |   |
| <2016>           |  |   |
|                  |  |   |
|                  | Connect America Phase II Reporting (47 CFR § 54.313(e))  |   |
| <2017>           | 3rd year Broadband Service Certification   |   |
| <2018>           | 5th year Broadband Service Certification   |   |
|                  | Interim Progress Certification   |   |
| <2019>           |  |   |
| <2019><br><2020> | Please check the box to confirm that the attached PDF, on line 2021,   |   |
|                  | Please check the box to confirm that the attached PDF, on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipien  | at  |
|                  | ,  | ut  |
|                  | contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipien   |   |
|                  | contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipien of CAF Phase II support shall provide the number, names, and addresses of   |   |
|                  | contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipien<br>of CAF Phase II support shall provide the number, names, and addresses of<br>community anchor institutions to which began providing access to broadband<br>service in the preceding calendar year. |   |

| (900) 6 | estamente de la companie de la comp  | Strate Control of the | FO Formula:  |
|---------|---|--|--|
|         |   |  | Over Corpet to - Self-Collegenes Companies - Self-Collegenes Collegenes Colle |
| -       | 391642  |  |  |
| <010>   | Study Area Code   | ELECOM COOP.   |  |
| <015>   | Study Area Name BALTIC T Program Year 2014  | ELECOM COOP.   |  |
| <030>   |   | ri Flanagan  |  |
| <035>   | Contact Telephone Number - Number of person identified in data line <030>   | 605-594-8228   |  |
| <039>   | Contact Email Address - Email Address of person identified in data line <030>   | kiflanagan@alliancecom.net   |  |
|         |   |  |  |
|         |   |  |  |
| CHECK 1 | he boxes below to note compliance on its five year service quality plan (pursu<br>CFR § 54.313(f)(2). I further certify that  | ant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring<br>the information reported on this form and in the documents attact   |  |
|         | Progress Report on 5 Year Plan  |  |  |
| (3010)  | Milestone Certification (47 CFR $\S$ 54.313(f)(1)(i)) Please check this box to confirm that the attached PDF , on line 3012,  | Name of Attached Document Listing Required Information   |  |
| (3011)  | contains the required information pursuant to § 54.313 (f)(1)(ii), as a<br>recipient of CAF Phase ii support shall provide the number, names, and<br>addresses of community anchor institutions to which began providing<br>access to broadband service in the preceding calendar year.   |  |  |
| (3013)  | Community Anchor Institutions (47 CFR § 54.313(f)(1)(iii)) is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2)) if yes, does your company file the RUS annual report Please check those boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires: | Name of Attached Document Listing Required Information   | (Yes/No)   |
| (3015)  | Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)   |  |  |
| (3016)  | PDF of Balance Sheet, Income Statement and Statement of Cash Flows  |  |  |
|         | If the response is yes on line 3014, attach your company's RUS annual   |  |  |
| (3017)  | report and all required documentation   | Name of Attached Document Listing Required Information   | 391642sd3017   |
| (3018)  | If the response is no on line 3014, is your company audited?  | the state of the s | (Yes/No)   |
|         | If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains   |  |  |
|         | Either a copy of their audited financial statement; or (2) a financial report   |  |  |
| (3019)  | in a format comparable to RUS Operating Report for Telecommunications   |  |  |
| (3020)  | PDF of Balance Sheet, income Statement and Statement of Cash Flows  |  |  |
| (3020)  |   |  | =  |
| (3021)  | Management letter issued by the independent certified public accountant that performed the company's financial audit.   |  |  |
|         | If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:   |  | _  |
| (3022)  | Copy of their financial statement which has been subject to review by an<br>independent certified public accountant; or 2) a financial report in a<br>format comparable to RUS Operating Report for Telecommunications<br>Borrowers.  |  |  |
| (3023)  | Underlying information subjected to a review by an independent certified  |  |  |
|         | public accountant   |  | =  |
| (3024)  | Underlying information subjected to an officer certification.   |  |  |
| (3025)  | PDF of Balance Sheet, Income Statement and Statement of Cash Flows  |  |  |
| (3026)  | Attach the worksheet listing required information   | Name of Attached Document Listing Required Information   |  |
| ,,      |   |  |  |
|         |   |  |  |

| \$500 CHEST CO.   100 CHEST CO. | ion shaparing Car<br>ecson Form | CC/ports 461.<br>CN/II Commol/no 3046/0395/ONE/Co-dual No. 2000/2016<br>July 2015     |
|---|---------------------------------|---|
| <010>   | Study Area Code                 | 391642  |
| <015>   | Study Area Name                 | BALTIC TELECOM COOP.  |
| <020>   | Program Year                    | 2014  |
| <030>   | Contact Name - Pers             | on USAC should contact regarding this data Kari Flanagan                              |
| <035>   | Contact Telephone N             | lumber - Number of person identified in data line <030> 605-594-8228                  |
| <039>   | Contact Email Addre             | ss - Email Address of person identified in data line <030> kjflanagan@alliancecom.net |

# TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

| l certify that I am an officer of the reporting carrier; my responsibilities recipients; and, to the best of my knowledge, the information reported | s include ensuring the accuracy of the annual reporting requirements for universal service support<br>I on this form and in any attachments is accurate. |
|---|--|
| Name of Reporting Carrier: BALTIC TELECOM COOP.   |  |
| Signature of Authorized Officer: CERTIFIED ONLINE   | Date 10/04/2013  |
| Printed name of Authorized Officer: Kari Flanagan   |  |
| Title or position of Authorized Officer: CFO  |  |
| Telephone number of Authorized Officer: 605-594-8228  |  |
| Study Area Code of Reporting Carrier: 391642  | Filing Due Date for this form: 10/15/2013  |

|       | Para (Mari Acadista)  |   |
|-------|-----------------------|---|
|       | estor form            | DAR Sound No. 5060-065/CARCATO No. 5060-065/CARCATO No. 5060-0656<br>Augustis |
| <010> | Study Area Code       | 391642  |
| <015> | Study Area Name       | BALTIC TELECOM COOP.  |
| <020> | Program Year          | 2014  |
| <030> | Contact Name - Person | USAC should contact regarding this data Kari Flanagan                         |
| <035> | Contact Telephone Nun | nber - Number of person identified in data line <030> 605-594-8228            |

# TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

<039> Contact Email Address - Email Address of person identified in data line <030> kjflanagan@alliancecom.net

| I certify that (Name of Agent)_<br>also certify that I am an officer of the reporting carrier; my res<br>agent; and, to the best of my knowledge, the reports and data | is authorized to submit the information reported on behalf of the reporting carrier.<br>consibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized provided to the authorized agent is accurate. |
|--|--|
| Name of Authorized Agent:  |  |
| Name of Reporting Carrier:   |  |
| Signature of Authorized Officer:   | Date:  |
| Printed name of Authorized Officer:  |  |
| Title or position of Authorized Officer:   |  |
| Telephone number of Authorized Officer:  |  |
| Study Area Code of Reporting Carrier:  | Filing Due Date for this form:   |

#### TO BE COMPLETED BY THE AUTHORIZED AGENT:

| Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier                    |  |   |  |  |  |  |  |
|---|--|---|--|--|--|--|--|
| , as agent for the reporting carrier, certify that I am authorized<br>the data reported herein based on data provided by the report | d to submit the annual reports for universal service suppo<br>ting carrier; and, to the best of my knowledge, the inform | ort recipients on behalf of the reporting carrier; I have provided ation reported herein is accurate. |  |  |  |  |  |
| lame of Reporting Carrier:  |  |   |  |  |  |  |  |
| lame of Authorized Agent or Employee of Agent:  |  |   |  |  |  |  |  |
| ignature of Authorized Agent or Employee of Agent:  |  | Date:   |  |  |  |  |  |
| rinted name of Authorized Agent or Employee of Agent:   |  |   |  |  |  |  |  |
| itle or position of Authorized Agent or Employee of Agent   |  |   |  |  |  |  |  |
| elephone number of Authorized Agent or Employee of Agent:   |  |   |  |  |  |  |  |
| tudy Area Code of Reporting Carrier:  | Filing Due Date for this form:   |   |  |  |  |  |  |

Attachments

| (200) Service Outage Reporting (Voice) Data Collection Form |                 |            |                |             |                    |              |                   | FCC Form 481<br>OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2013  |                                    |                          |   |
|---|-----------------|------------|----------------|-------------|--------------------|--------------|-------------------|---|------------------------------------|--------------------------|---|
| <010> 5   | tudy Area Code  |            |                |             |                    | 391642       |                   |   |                                    |                          |   |
| <015> S   | tudy Area Name  | <u> </u>   |                |             |                    | BALTIC TE    | LECOM COOL        | ?.  |                                    |                          |   |
| <020> P   | rogram Year     |            |                |             |                    | 2014         |                   |   |                                    |                          |   |
| <030> 0   | ontact Name - I | erson USA  | C should cont  | act regardi | ng this data       | Kari Flana   | gan               |   |                                    |                          |   |
|   | ontact Telepho  |            |                |             |                    |              |                   |   |                                    |                          |   |
|   | ontact Email Ad | dress - Em | ail Address of | person ider | ntified in data li | ine <030> kj | tanaganwa         | lliancecom.net  |                                    |                          |   |
| <220>   |                 |            |                |             |                    |              |                   |   |                                    |                          |   |
| <a>&gt;</a>   | <b1></b1>       | <b2></b2>  | <b3></b3>      | <b4></b4>   | <c1></c1>          | <c2></c2>    | <d></d>           | <e></e>   |                                    | <g></g>                  | <h></h>   |
| NORS  |                 | Outage     |                | Outage      | Number of          | Total        | 911<br>Facilities | Service Outage  | Did This Outage<br>Affect Multiple |                          |   |
| Reference<br>Number   | Outage Start    | Start      | Outage End     | End         | Customers          | Number of    | Affected          | Description (Check  | Study Areas                        | Service Outage           | Preventative  |
| Number  | Date            | Time       | Date           | Time        | Affected           | Customers    | (Yes / No)        |   | (Yes / No)                         | Resolution               | Procedures  |
|   | 12/4/2012       | 04:10      | 12/4/2012      | 07:30       | 840                | 2310         | Yes               | Wireline (including cable) Voice (non-<br>VoIP), Other: Network Issue with Switch | No                                 | Resolve Network<br>Issue | Nork inside maintenance<br>window and put ports offli-<br>that are not in use |
|   |                 |            |                |             |                    |              |                   |   |                                    |                          |   |
|   |                 |            |                |             |                    |              |                   |   |                                    |                          |   |
|   |                 |            |                |             |                    |              |                   |   |                                    |                          |   |
|   |                 |            |                |             |                    |              |                   |   |                                    |                          |   |
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|   |                 |            |                |             |                    |              |                   |   |                                    |                          |   |
|   |                 |            |                |             |                    |              |                   |   |                                    |                          |   |
|   |                 |            |                |             |                    |              |                   |   |                                    |                          |   |

| Data (a) | ectorioro   |                    | CHR CORRECT NO. 2007 2008 2008 Service 2017 2017 2017 2017 2017 2017 2017 2017 |
|----------|---|--------------------|--|
|          |   |                    |  |
| <010>    | Study Area Code 391642  |                    |  |
| <015>    | Study Area Name BALTIC TELEC  | OM COOP.           |  |
| <020>    | Program Year 2014   |                    |  |
| <030>    | Contact Name - Person USAC should contact regarding this data Kari Flanag               | an                 |  |
| <035>    | Contact Telephone Number - Number of person identified in data line <030> 605-594-8     | 228                |  |
| <039>    | Contact Email Address - Email Address of person identified in data line <030> kjflanage | an@alliancecom.net |  |
| <810>    | Reporting Carrier Alliance Communications Cooperative, IncBaltic                        |                    |  |
| <811>    | Holding Company   |                    |  |
| <812>    | Operating Company Alliance Communications Cooperative, Inc.                             |                    |  |
| <813>    |   | <b>*802</b> * *    | <b>-35</b>   |
|          | Affiliates  | SAC                | Doing Business As Company or Brand Designation                                 |
|          | Alliance Communications Cooperative, IncHills-IA  |                    | Alliance Communications  |
|          | Alliance Communications Cooperative, IncHills-MN  |                    | Alliance Communications  |
|          | Alliance Communications Cooperative, IncHills-SD  |                    | Alliance Communications  |
|          | Alliance Communications Cooperative, IncSplitroc  | k 391657           | Alliance Communications  |
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# **ALLIANCE COMMUNICATIONS COOPERATIVE, INC.-SD & IA** SA- 391642, 391657, 351405, 391405

# Certification of Compliance with Applicable Service Quality Standards and **Consumer Protection Rules**

### Service Quality Standards

#### The Company:

- Provides voice grade access to the public switched network.
- Provides flat rated local exchange service with no additional charge to end users.
- · Provides access to the emergency services provided by local government or other public safety organizations, such as 911 and enhanced 911.
- · Provides toll blocking and toll limitation services.
- · Advertises the availability of its services and the charges using media of general distribution and
- Maintains a business office providing customers with access to a customer service representative either in person or via a local telephone call or toll-free telephone number during normal business
- Directs after hour calls to the Company's help desk.
- Directs trouble reports to the on-call technician.
- Tracks all service orders to ensure they are completed in a timely manner.
- Measures its service connection and service interruption performance on a regular basis.
- Trains employees to:
  - Answer all incoming calls promptly.

  - Respond to all inquiries for information promptly and courteously.
     Investigate thoroughly all customer complaints and handle appropriately according to the Company's guidelines for resolution of customer complaints.
  - o Be knowledgeable about products and service offerings so they can assist the customer with selecting the best service option.
- Has a process for periodic inspection, testing and preventive maintenance of its equipment to permit the rendering of safe, adequate and continuous service at all times.

#### Consumer Protection Rules

The Company has established operating procedures designed to facilitate compliance with applicable consumer protection rules which include compliance with the Customer Proprietary Network Information (CPNI) rules. The operating procedures include:

- Appointment of a compliance officer.
- A manual detailing the specific procedures for protecting consumer information.
- Employee training on an annual basis.
- A disciplinary process for improper use of consumer information.

SAC: 391657, 391642, 351405, 391405

States: IA and SD

Alliance Communications Cooperative, Inc.

Form 481 Line No.: 610 Description of Functionality in Emergency Situations

# Alliance Communications Cooperative, Inc. has:

- Established reasonable provisions' to meet emergencies resulting from failures of lighting or power service, sudden and prolonged increases in traffic, illness of operators or from fire, storm, or acts of God including provisions for emergency power that meet or exceed the rule requirement to provide:
  - o A minimum of four hours of battery service in each central office.
  - o A permanently installed power unit in exchanges exceeding 5000 lines.
  - Mobile power units that can be delivered on short notice and which can be readily connected in offices without installed emergency power facilities.
- Has informed employees as to the procedures to be followed, including reasonable rerouting of traffic around damaged facilities and the deployment of emergency power, in the event of emergency in order to prevent or mitigate interruption or impairment of telecommunications service.

#### **ALLIANCE COMMUNICATIONS COOPERATIVE, INC.**

# **Lifeline Terms and Conditions**

Alliance Communications Cooperative, Inc. offers Lifeline program-supported service to qualified low-income residential consumers for one telephone line per eligible household. The Lifeline program provides discounts to eligible low-income consumers to help them establish and maintain telephone service. Lifeline assistance lowers the cost of basic, monthly local telephone service. Eligible consumers can receive \$9.25 per month in discounts. In addition, the Federal Universal Service Charge is not assessed to consumers participating in Lifeline. Toll Blocking prevents the placement of all long distance calls for which a subscriber would be charged. Toll blocking is available to eligible consumers at no cost. Also, by choosing this option, consumers are usually not charged a deposit.

# **Lifeline Program Eligibility Information**

#### **Program Based Eligibility**

Consumers are eligible for Lifeline if they, one of their dependents or their household participate in one of the following qualifying assistance programs:

Low-Income Home Energy Assistance Program (LIHEAP) Federal Public Housing Assistance (Section 8) Supplemental Nutrition Assistance Program (SNAP) Medicaid National School Lunch Program's Free Lunch Program Supplemental Security Income (SSI) Temporary Assistance for Needy Families (TANF)

Lifeline applicants must present documentation demonstrating eligibility either through participation in one of the qualifying federal assistance programs or through income-based means.

Acceptable documentation of program-based eligibility includes: current or prior year's statement of benefits from a qualifying state, federal or Tribal program; notice letter of participation in a qualifying state, federal or Tribal program; program participation documents; or another official document evidencing the consumer's participation in a qualifying state, federal or Tribal program.

#### **Income Based Eligibility**

In addition, consumers are eligible for Lifeline if their household income is at or below 135% of the federal poverty guidelines.

| Household Size                  | 48 Contiguous<br>States and D.C. | Alaska   | Hawaii   |
|---------------------------------|----------------------------------|----------|----------|
| 1                               | \$15,512                         | \$19,373 | \$17,861 |
| 2                               | \$20,939                         | \$26,163 | \$24,098 |
| 3                               | \$26,366                         | \$32,954 | \$30,335 |
| 4                               | \$31,793                         | \$39,744 | \$36,572 |
| 5                               | \$37,220                         | \$46,535 | \$42,809 |
| 6                               | \$42,647                         | \$53,325 | \$49,046 |
| 7                               | \$48,074                         | \$60,116 | \$55,283 |
| 8                               | \$53,501                         | \$66,906 | \$61,520 |
| For each additional person, add | \$5,427                          | \$6,791  | \$6,237  |

2013 Federal Poverty Guidelines - 135%

Acceptable documentation of income eligibility includes: prior year's state, federal or Tribal tax return; current income statement from an employer or paycheck stub; social security statement of benefits; Veterans Administration statement of benefits; retirement/pension statement of benefits; unemployment/workmen's compensation statement of benefits; federal or Tribal notice of letter participating in General Assistance; or a divorce decree or child support award or other official document containing income information.

#### **Tribal Eligibility**

A subscriber who lives on Tribal lands and is an eligible resident of Tribal lands is eligible for Tribal Lifeline service or Tribal Link Up if the subscriber, one or more of the subscriber's dependents, or the subscriber's household participates in any of the above-listed qualifying assistance programs or one of the following Tribal-specific federal assistance programs: Bureau of Indian Affairs General Assistance; Tribally Administered Temporary Assistance for Needy Families; Head Start (if income eligibility criteria are met); or the Food Distribution Program on Indian Reservations (FDPIR). Tribal subscribers may also qualify if the household income is at or below 135% of the Federal Poverty Guidelines.

#### Numbers of Minutes-of-Use Provided as Part of Lifeline Program Service

Alliance Communications Cooperative, Inc.'s Voice Lifeline service includes unlimited local minutes-of-use within the toll-free calling area. Alliance Communications Cooperative, Inc.'s Voice Lifeline Plan does not include any free minutes-of-use for toll. Toll is billed at the standard toll rate depending on which interexchange carrier the consumer subscribes to for toll service. As part of the Lifeline service, Toll blocking is available to eligible consumers at no cost.

#### Rates

Subscribers may receive the Lifeline credit on any type or grade of local service, including bundled services that are normally offered by Alliance Communications Cooperative, Inc.. Advertised rates do not include any applicable taxes or surcharges.

#### Recertification of Lifeline Eligibility

Lifeline recipients are required to recertify their eligibility annually. Failure to properly recertify a recipient's continued eligibility for the Lifeline program will result in termination of the Lifeline recipient's monthly Lifeline discount and de-enrollment from the Lifeline Program.

# **Additional Lifeline Program Information**

The Lifeline program is limited to one benefit per household, consisting of either wireline or wireless service. A household is defined, for purposes of the Lifeline program, as an individual or group of individuals who live together at the same address and share income and expenses. Lifeline is a government benefit program, and consumers who willfully make false statements in order to obtain the benefit can be punished by fine or imprisonment or can be barred from the program.

OMB controls unless for the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of the Paperwork Reduction Rolls. The time required to complete that information or collection is 60712-0031. The time required to complete that information collection is 60712-0031. The time required to complete that information collection or setting the complete that information collection is 60712-0031. The time required to complete that information collection or setting the complete that information collection is 60712-0031. The time requirement of the construction of the c

68. Total Equity (51 thru 57) 57. Retained Earnings or Margins 24. TOTAL ASSETS (10+17+23) 56. Patronage Capital Credits 23. Net Plant (18 thru 21 less 22) 55. Other Capital 22. Less Accumulated Depreciation 54. Membership and Cap. Certificates 21. Plant Adj., Nonop. Plant & Goodwill 33. Treasury Stock 20. Plant Under Construction S2. Additional Paid-in-Capital 19. Property Held for Future Use Cap. Stock Outstand. & Subscribed 119 18. Telecom, Plant-in-Service РГАИТ, РЯОРЕЯТУ, АИД ЕQUIPMENT 50. Total Other Liabilities and Deferred Credits (47 thru 49) 17. Total Moncurrent Assets (11 thru 16) 49. Other Jurisdictional Differences 16. Jurisdictional Differences to. Other Deferred Credits 15. Deferred Charges 47. Other Long-Term Liabilities 14. Other Moncurrent Assets OTHER LIAB. & DEF. CREDITS 13. Nonregulated Investments Total Long-Term Debt (36 thru 45) p. Nonfural Development 45. Other Long-Term Debt a. Rural Development 44. Adv. From Affiliated Companies 12. Other investments 43. Obligations Under Capital Lease b. Monrural Development t2. Reacquired Dept a. Rural Development 11. Premium (Discount) on L/T Debt 1. Investment in Affiliated Companies Funded Debt-Rural Develop. Loan NONCURRENT ASSETS 39. Funded Debt-Other 10. Total Current Assets (1 Thru 9) 38. Funded Debt-FFB Notes 9. Other Current Assets 37. Funded Debt-RTB Notes 8. Prepayments 36. Funded Debt-RUS Notes 7. Material-Nonregulated LONG-TERM DEBT 6. Material-Regulated 35. Total Current Liabilities (25 thru 34) Interest and Dividends Receivable 34. Other Current Liabilities C. NOTES KECHVADIE 33. Other Taxes Accrued b. Other Accounts Receivable 32. Income Taxes Accrued a. Telecom, Accounts Receivable 31. Current Mat.-Capital Leases 4. Non-Affiliates: 30. Current Mat. L/T Debt-Rur. Dev. c. Notes Receivable 29. Current Mat. L/T Debt D. Uther Accounts Receivable Customer Deposits a. Telecom, Accounts Receivable Advance Billings and Payments .72 ZD. NOTES PRIVADIE 2. Cash-RUS Construction Fund Accounts Payable 1. Cash and Equivalents CURRENT LIABILITIES CURRENT ASSETS END OF PERIOD PRIOR YEAR LIABILITIES AND STOCKHOLDERS' EQUITY END OF PERIOD PRIOR YEAR STESS BALANCE HONAJAR BALANCE PART A. BALANCE SHEET **BTAQ** 3/28/2013 Don Snyders specifically described in the Telecom Operating Report under the RUS loan documents. Said default(s) is/are uske peen milliled in sil material respects. There has been a default in the fulfillment of the obligations X All of the obligations under the RUS loan documents (Cueck one of the following) DORING THE PERIOD COVERED BY THIS REPORT PURSUANT TO PART 1788 OF 7CFR CHAPTER XVII BENEMALS HAVE BEEN OBTAINED FOR ALL POLICIES. ALL INSURANCE REQUIRED BY 7 CFR PART 1788, CHAPTER XVII, RUS, WAS IN FORCE DURING THE REPORTING PERIOD AND to the best of our knowledge and belief. We hereby certify that the entries in this report are in accordance with the accounts and other records of the system and reflect the status of the system CERTIFICATION December, 2012 9750GS For detailed instructions, see RUS Bulletin 1744-2. Report in whole dollars only. NOITANDISED BESIGNATION SEKIOD ENDING INSTRUCTIONS-Submit report to RUS within 30 days after close of the period. (Prepared with Audited Data) TELECOMMUNICATIONS BORROWERS Alliance Communications Cooperative, Inc. **OPERATING REPORT FOR** nd, subject to federal laws and regulations regarding confidential information, will be treated as confidential This data will be used by RUS to review your financial situation. Your response is required by 7 U.S.C. 901 et seq. SUA-AGSU suching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

99. TOTAL LIABILITIES AND EQUITY (35+46+50+58)

**USDA-RUS** 

# OPERATING REPORT FOR TELECOMMUNICATIONS BORROWERS

BORROWER DESIGNATION

SD0526

PERIOD ENDING

INSTRUCTIONS- See RUS Bulletin 1744-2

December, 2012

| PART B. STATEMENTS OF INCOME AND RETAINED E                                     | PART B. STATEMENTS OF INCOME AND RETAINED EARNINGS OR MARGINS |           |  |  |  |
|---|---|-----------|--|--|--|
| ITEM  | PRIOR YEAR  | THIS YEAR |  |  |  |
| Local Network Services Revenues   |   |           |  |  |  |
| 2. Network Access Services Revenues   |   |           |  |  |  |
| 3. Long Distance Network Services Revenues                                      |   |           |  |  |  |
| Carrier Billing and Collection Revenues   |   |           |  |  |  |
| 5. Miscellaneous Revenues   |   |           |  |  |  |
| 6. Uncollectible Revenues   |   |           |  |  |  |
| 7. Net Operating Revenues (1 thru 5 less 6)                                     |   |           |  |  |  |
| 8. Plant Specific Operations Expense  |   |           |  |  |  |
| 9. Plant Nonspecific Operations Expense (Excluding Depreciation & Amortization) |   |           |  |  |  |
| 10. Depreciation Expense  |   |           |  |  |  |
| 11. Amortization Expense  |   |           |  |  |  |
| 12. Customer Operations Expense   |   |           |  |  |  |
| 13. Corporate Operations Expense  |   |           |  |  |  |
| 14. Total Operating Expenses (8 thru 13)  |   |           |  |  |  |
| 15. Operating Income or Margins (7 less 14)                                     |   |           |  |  |  |
| 16. Other Operating Income and Expenses   |   |           |  |  |  |
| 17. State and Local Taxes   | · ·   |           |  |  |  |
| 18. Federal Income Taxes  |   |           |  |  |  |
| 19. Other Taxes   |   |           |  |  |  |
| 20. Total Operating Taxes (17+18+19)  |   |           |  |  |  |
| 21. Net Operating Income or Margins (15+16-20)                                  |   |           |  |  |  |
| 22. Interest on Funded Debt   |   |           |  |  |  |
| 23. Interest Expense - Capital Leases   |   |           |  |  |  |
| 24. Other Interest Expense  |   |           |  |  |  |
| 25. Allowance for Funds Used During Construction                                |   |           |  |  |  |
| 26. Total Fixed Charges (22+23+24-25)   |   |           |  |  |  |
| 27. Nonoperating Net Income   |   |           |  |  |  |
| 28. Extraordinary Items   |   |           |  |  |  |
| 29. Jurisdictional Differences  |   |           |  |  |  |
| 30. Nonregulated Net Income   |   |           |  |  |  |
| 31. Total Net Income or Margins (21+27+28+29+30-26)                             |   |           |  |  |  |
| 32. Total Taxes Based on Income   |   |           |  |  |  |
| 33. Retained Earnings or Margins Beginning-of-Year                              |   |           |  |  |  |
| 34. Miscellaneous Credits Year-to-Date  |   |           |  |  |  |
| 35. Dividends Declared (Common)   |   |           |  |  |  |
| 36. Dividends Declared (Preferred)  |   |           |  |  |  |
| 37. Other Debits Year-to-Date   |   |           |  |  |  |
| 38. Transfers to Patronage Capital  |   |           |  |  |  |
| 39. Retained Earnings or Margins End-of-Period [(31+33+34) - (35+36+37+38)]     |   |           |  |  |  |
| 40. Patronage Capital Beginning-of-Year   |   |           |  |  |  |
| 41. Transfers to Patronage Capital  |   |           |  |  |  |
| 42. Patronage Capital Credits Retired   |   |           |  |  |  |
| 43. Patronage Capital End-of-Year (40+41-42)                                    |   |           |  |  |  |
| 44. Annual Debt Service Payments  |   |           |  |  |  |
| 45. Cash Ratio [(14+20-10-11) / 7]  |   |           |  |  |  |
|   |   |           |  |  |  |
|   |   |           |  |  |  |
| 47. TIER [(31+26) / 26]<br>48. DSCR [(31+26+10+11) / 44]                        |   |           |  |  |  |

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# OPERATING REPORT FOR TELECOMMUNICATIONS BORROWERS

BORROWER DESIGNATION SD0526

PERIOD ENDED

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INSTRUCTIONS - See RUS Bulletin 1744-2

|   | 1. RA | TES | 2 SHRS   | 3. ROUTE MILES                     |       |                          |       |
|---|-------|-----|----------|------------------------------------|-------|--------------------------|-------|
| EXCHANGE                                  | B-1   | R-1 | BUSINESS | RIBERS (ACCESS LINE<br>RESIDENTIAL | TOTAL | TOTAL                    | FIBER |
| EXCIDATOL                                 | (a)   | (b) | (a)      | (b)                                | (c)   | (including fiber)<br>(a) | (b)   |
| Garretson, SD                             |       |     |          |                                    |       |                          |       |
| Baltic, SD                                |       |     |          |                                    |       |                          |       |
| East Hudson, IA                           |       |     | . 1      |                                    |       |                          |       |
| Crooks, SD                                |       |     |          |                                    |       |                          |       |
| Hudson, SD                                |       |     |          |                                    |       |                          |       |
| Brandon, SD                               |       |     |          |                                    |       |                          |       |
| Alcester, SD                              |       |     |          |                                    |       |                          |       |
| East Garretson,<br>MN                     |       |     | 8        |                                    |       |                          |       |
| Lester, MN                                |       |     |          |                                    |       |                          |       |
| East Valley<br>Springs, MN                |       |     |          |                                    |       |                          |       |
| Steen, MN                                 |       |     |          |                                    |       |                          |       |
| Hills, MN                                 |       |     |          |                                    |       |                          |       |
| N Larchwood, SD                           |       |     | 1        |                                    |       |                          |       |
| Valley Springs, SD                        |       |     |          |                                    |       |                          |       |
| Alvord, IA                                |       |     |          |                                    |       |                          |       |
| Larchwood, IA                             |       |     |          |                                    |       |                          |       |
| Lester, IA                                |       |     | <b></b>  |                                    |       |                          |       |
| Inwood, IA                                |       |     |          |                                    |       |                          |       |
| S Valley Springs,<br>IA                   |       |     |          | 1                                  |       |                          |       |
| S Steen, IA                               |       |     |          |                                    |       |                          |       |
| S Hills, IA                               |       |     |          | <b>_</b>                           | J     |                          |       |
| Oldham/Ramona,<br>SD                      |       |     |          |                                    |       |                          |       |
| Howard, SD                                |       |     |          |                                    |       |                          |       |
| MobileWireless                            |       |     |          |                                    |       |                          |       |
| Route Mileage<br>Outside Exchange<br>Area |       |     |          |                                    |       |                          |       |
| Total                                     |       |     |          |                                    |       |                          |       |

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# OPERATING REPORT FOR TELECOMMUNICATIONS BORROWERS

BORROWER DESIGNATION

SD0526

PERIOD ENDED December, 2012

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|                            | Part C. SUBSCRIBER (ACCESS LINE), ROUTE MILE, & HIGH SPEED DATA INFORMATION |                                       |                                 |  |  |                     |                 |                              |
|----------------------------|---|---------------------------------------|---------------------------------|--|--|---------------------|-----------------|------------------------------|
| 4. BROADBAND SERVICE       |   |                                       |                                 |  |  |                     |                 |                              |
|                            |   |                                       |                                 |  |  | sive Broadband S    | ervice          |                              |
| EXCHANGE                   | No. Access Lines<br>with BB<br>available<br>(a)                             | No Of Broadband<br>Subscribers<br>(b) | Number Of<br>Subscribers<br>(c) | Advertised<br>Download Rate<br>(Kbps)<br>(d) | Advertised<br>Upload<br>Rate (Kbps)<br>(e) | Price Per Month (f) | Standalone/Pckg | Type Of<br>Technology<br>(g) |
| Garretson, SD              |   |                                       |                                 |  |  |                     |                 | (9/                          |
| Baltic, SD                 |   |                                       |                                 |  |  |                     |                 |                              |
| East Hudson, IA            |   |                                       |                                 |  |  |                     |                 |                              |
| Crooks, SD                 |   |                                       |                                 |  |  |                     |                 |                              |
| Hudson, SD                 |   |                                       |                                 |  |  |                     |                 |                              |
| Brandon, SD                |   |                                       |                                 |  |  |                     |                 |                              |
| Alcester, SD               |   |                                       |                                 |  |  |                     |                 |                              |
| East Garretson,<br>MN      |   |                                       |                                 |  |  |                     |                 |                              |
| Lester, MN                 | 1   |                                       |                                 |  |  |                     |                 |                              |
| East Valley<br>Springs, MN |   |                                       |                                 |  |  |                     |                 |                              |
| Steen, MN                  |   |                                       |                                 |  |  |                     |                 |                              |
| Hills, MN                  |   |                                       |                                 |  |  |                     |                 |                              |
| N Larchwood, SD            |   |                                       |                                 |  |  |                     |                 |                              |
| Valley Springs,<br>SD      |   |                                       |                                 |  |  |                     |                 |                              |
| Alvord, IA                 |   |                                       |                                 |  |  |                     |                 |                              |
| Larchwood, IA              |   |                                       |                                 |  |  |                     |                 |                              |
| Lester, IA                 |   |                                       |                                 |  |  |                     |                 |                              |
| Inwood, IA                 |   |                                       |                                 |  |  |                     | ,               |                              |
| S Valley Springs,<br>IA    |   |                                       |                                 |  |  |                     |                 |                              |
| S Steen, IA                |   |                                       |                                 |  |  |                     |                 |                              |
| S Hills, IA                |   | 1                                     |                                 |  |  |                     |                 |                              |
| Oldham/Ramona,<br>SD       |   |                                       |                                 |  |  |                     |                 |                              |
| Howard, SD                 |   |                                       |                                 |  |  |                     |                 |                              |
| Total                      |   |                                       |                                 | · · · · · · · · · · · · · · · · · · ·        |  |                     | <b></b>         |                              |

|   | R                      | EDACTED - FOR PU                      | BLIC INSPECTION | אכ                        |               |                               |
|---|------------------------|---------------------------------------|-----------------|---------------------------|---------------|-------------------------------|
|   | USDA-RUS               |                                       |                 | BORROWER DE               | SIGNATION     |                               |
|   | OPERATING REPORT       | FOR                                   |                 | SD0526                    |               |                               |
|   | TELECOMMUNICATIONS BO  | RROWERS                               |                 | PERIOD ENDING             |               | <del></del>                   |
|   |                        |                                       |                 | December, 2               | 012           |                               |
| INSTRUCTIONS- See RUS Bu  | lletin 1744-2          |                                       |                 |                           |               |                               |
|   |                        | PART D. SYSTE                         | M DATA          |                           |               |                               |
| 1. No. Plant Employees  | 2. No. Other Employees | 3. Square Miles Served                |                 | 4. Access Lines per Squar | e Mile        | 5. Subscribers per Route Mile |
|   |                        | PART E. TOLL                          | DATA            |                           |               |                               |
| Study Area ID Code(s)   | 2. Types of T          | oll Settlements (Check on             | ie)             |                           |               | ·                             |
| -   | a 351405               |                                       | Interstate:     | Average Schedul           | e             | X Cost Basis                  |
|   | b.361405               |                                       |                 | _                         |               |                               |
|   | c. <u>391405</u>       |                                       | Intrastate:     | Average Schedul           | е             | X Cost Basis                  |
|   | d. 391642              |                                       |                 |                           |               |                               |
|   | e <u>391657</u>        |                                       |                 |                           |               |                               |
|   | f                      |                                       |                 |                           |               |                               |
|   | g                      |                                       |                 |                           |               |                               |
|   | h                      |                                       |                 |                           |               |                               |
|   | i                      |                                       |                 |                           |               |                               |
|   | i                      |                                       |                 |                           |               |                               |
|   | PART F                 | . FUNDS INVESTED IN                   | PLANT DURING YE | AR                        |               |                               |
|   |                        |                                       |                 |                           |               |                               |
| 1. RUS, RTB, & FFB Loan Fun   |                        |                                       |                 |                           |               |                               |
| 2. Other Long-Term Loan Fund  |                        |                                       |                 |                           |               |                               |
| 3. Funds Expended Under RUS   |                        |                                       |                 |                           |               |                               |
| 4. Other Short-Term Loan Fund   |                        |                                       | - <del> </del>  |                           |               |                               |
| <ol> <li>General Funds Expended (C</li> <li>Salvaged Materials</li> </ol> | orier than interim)    |                                       |                 |                           |               |                               |
| 7. Contribution in Aid to Constr  | ruction                |                                       |                 |                           |               |                               |
| Gross Additions to Telecom.   |                        | · · · · · · · · · · · · · · · · · · · |                 |                           |               |                               |
|   |                        |                                       |                 |                           |               |                               |
|   | PART G                 | . INVESTMENTS IN AFF                  | FILIATED COMPAN | IES                       |               |                               |
|   |                        | CURRENT                               | YEAR DATA       |                           | CUMULATIVE DA | ATA                           |
|   |                        |                                       |                 | Cumulative                | Cumulative    | ,                             |
|   | INVESTMENTS            | Investment                            | Income/Loss     | Investment                | Income/Loss   | Current                       |
|   |                        | This Year                             | This Year       | To Date                   | To Date       | Balance                       |
|   | (a)                    | (b)                                   | (c)             | (d)                       | (e)           | <i>Ø</i>                      |
| Investment in Affiliated Com     Investment in Affiliated Com             |                        |                                       |                 |                           |               | ·                             |
|   |                        |                                       |                 |                           |               |                               |

# USDA-RUS

| BORROWER DESIGNATION |  |
|----------------------|--|
| SD0526               |  |
| PERIOD ENDING        |  |
| December, 2012       |  |

| OPERATING REPORT FOR  | SD0526                |  |  |  |  |
|---|-----------------------|--|--|--|--|
| TELECOMMUNICATIONS BORROWERS  | PERIOD ENDING         |  |  |  |  |
|   | December, 2012        |  |  |  |  |
| PART H. CURRE   | NT DEPRECIATION RATES |  |  |  |  |
| Are corporation's depreciation rates approved by the regulatory authority             | J. R. SIATION IN LO   |  |  |  |  |
| with jurisdiction over the provision of telephone services? (Check one)               | X YES NO              |  |  |  |  |
|   |                       |  |  |  |  |
| EQUIPMENT CATEGORY  | DEPRECIATION RATE     |  |  |  |  |
| Land and support assets - Motor Vehicles  |                       |  |  |  |  |
| 2. Land and support assets - Aircraft   |                       |  |  |  |  |
| 3. Land and support assets - Special purpose vehicles                                 |                       |  |  |  |  |
| 4. Land and support assets - Garage and other work equipment                          |                       |  |  |  |  |
| 5. Land and support assets - Buildings  |                       |  |  |  |  |
| 6. Land and support assets - Furniture and Office equipment                           |                       |  |  |  |  |
| 7. Land and support assets - General purpose computers                                |                       |  |  |  |  |
| Central Office Switching - Digital  |                       |  |  |  |  |
| 9. Central Office Switching - Analog & Electro-mechanical                             |                       |  |  |  |  |
| Central Office Switching - Operator Systems   |                       |  |  |  |  |
| 11. Central Office Transmission - Radio Systems                                       |                       |  |  |  |  |
| 12. Central Office Transmission - Circuit equipment                                   |                       |  |  |  |  |
| 13. Information origination/termination - Station apparatus                           |                       |  |  |  |  |
| 14. Information origination/termination - Customer premises wiring                    |                       |  |  |  |  |
| 5. Information origination/termination - Large private branch exchanges               |                       |  |  |  |  |
| <ol><li>Information origination/termination - Public telephone terminal equ</li></ol> | uipment               |  |  |  |  |
| 17. Information origination/termination - Other terminal equipment                    |                       |  |  |  |  |
| 18. Cable and wire facilities - Poles   |                       |  |  |  |  |
| 19. Cable and wire facilities - Aerial cable - Metal                                  |                       |  |  |  |  |
| 20. Cable and wire facilities - Aerial cable - Fiber                                  |                       |  |  |  |  |
| 21. Cable and wire facilities - Underground cable - Metal                             |                       |  |  |  |  |
| 22. Cable and wire facilities - Underground cable - Fiber                             |                       |  |  |  |  |
| 23. Cable and wire facilities - Buried cable - Metal                                  |                       |  |  |  |  |
| 24. Cable and wire facilities - Buried cable - Fiber                                  |                       |  |  |  |  |
| 25. Cable and wire facilities - Conduit systems                                       |                       |  |  |  |  |
| 26. Cable and wire facilities - Other   |                       |  |  |  |  |
|   |                       |  |  |  |  |
|   |                       |  |  |  |  |
|   |                       |  |  |  |  |
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|   | USDA-RUS  | BORROWER DESIGNATION |  |  |
|---|---|----------------------|--|--|
| İ   |   | SD0526               |  |  |
| OPERATING REPORT FOR TELECOMMUNICATIONS ROPPOWERS |   |                      |  |  |
|   | TELECOMMUNICATIONS BORROWERS  | PERIOD ENDED         |  |  |
| INST  | RUCTIONS – See help in the online application.  | December, 2012       |  |  |
|   | PART I - STATEMENT OF CA  | SH FLOWS             |  |  |
| 1.  | Beginning Cash (Cash and Equivalents plus RUS Construction Fund)                                    |                      |  |  |
|   | CASH FLOWS FROM OPERATING ACTIVITIE   | S                    |  |  |
| 2.  | Net income  |                      |  |  |
|   | Adjustments to Reconcile Net Income to Net Cash Provided by C                                       | perating Activities  |  |  |
| 3.  | Add: Depreciation   |                      |  |  |
| 4.  | Add: Amortization   |                      |  |  |
| 5.  | Other (Explain)   |                      |  |  |
|   |   |                      |  |  |
|   |   |                      |  |  |
|   |   |                      |  |  |
| _   | Changes in Operating Assets and Liabilities   |                      |  |  |
| 6.  | Decrease/(Increase) in Accounts Receivable  |                      |  |  |
| 7.  | Decrease/(Increase) in Materials and Inventory  |                      |  |  |
|   | Decrease/(Increase) in Prepayments and Deferred Charges   |                      |  |  |
|   | Decrease/(Increase) in Other Current Assets   |                      |  |  |
| 10.<br>11.  | Increase/(Decrease) in Accounts Payable   |                      |  |  |
|   | Increase/(Decrease) in Advance Billings & Payments Increase/(Decrease) in Other Current Liabilities |                      |  |  |
| 12.<br>13.  |   |                      |  |  |
| 13.   | Net Cash Provided/(Used) by Operations  |                      |  |  |
| 14.   | CASH FLOWS FROM FINANCING ACTIVITIES  Decrease/(Increase) in Notes Receivable                       |                      |  |  |
| 15.   | Increase/(Decrease) in Notes Payable  |                      |  |  |
| 16.   |   |                      |  |  |
| 17.   | Net Increase/(Decrease) in Long Term Debt (Including Current Maturities)                            |                      |  |  |
| 18.   | Increase/(Decrease) in Other Liabilities & Deferred Credits   |                      |  |  |
| 19.   | Increase/(Decrease) in Capital Stock, Paid-in Capital, Membership and Capital Certifica             | ates & Other Capital |  |  |
| 20.   | Less: Payment of Dividends  |                      |  |  |
| 21.   | Less: Patronage Capital Credits Retired   |                      |  |  |
| 22.   | Other (Explain)   |                      |  |  |
|   |   |                      |  |  |
|   |   |                      |  |  |
|   |   |                      |  |  |
| 23.   | Net Cash Provided/(Used) by Financing Activities  |                      |  |  |
|   | CASH FLOWS FROM INVESTING ACTIVITIES  |                      |  |  |
| 24.   | Net Capital Expenditures (Property, Plant & Equipment)  |                      |  |  |
| 25.   | Other Long-Term Investments   |                      |  |  |
| 26.   | Other Noncurrent Assets & Jurisdictional Differences  |                      |  |  |
| 27.   | Other (Explain)   |                      |  |  |
|   |   |                      |  |  |
|   |   |                      |  |  |
| 28.   | Net Cash Provided/(Used) by Investing Activities  |                      |  |  |
| 29.   | Net Increase/(Decrease) in Cash   |                      |  |  |
| 30.   | Ending Cash   |                      |  |  |
|   | = manig vaon  |                      |  |  |

| USDA-RUS   | BORROWER DESIGNATION        |  |
|--|-----------------------------|--|
| OPERATING REPORT FOR TELECOMMUNICATIONS BORROWERS              | SD0526                      |  |
| INSTRUCTIONS - See RUS Bulletin 1744-2                         | PERIOD ENDED December, 2012 |  |
| NOTES TO THE OPERATING REPORT FOR TELECOMMUNICATIONS BORROWERS |                             |  |

On 1/1/2012, Alliance Communications Cooperative, Inc. (SD526) merged with its subsidiary companies, Hills Telephone Company, Inc. (MN583) and Splitrock Properties, Inc. (not an RUS borrower). Due to this merger, a request was sent to RUS to consolidate the borrower status and records of the two loan designees. This process has since been completed. The financial statement presented for 2012 is that of the merged company with all exchanges for the two subsidiaries included in this report.

No report will be filed for 2012 for discontinued RUS (MN583) borrower Hills Telephone Company, Inc. due to the merger, as the company ceased to exist on 12/31/2011.

| USDA-RUS  | BORROWER DESIGNATION                             |  |  |
|---|--|--|--|
| OPERATING REPORT FOR TELECOMMUNICATIONS BORROWERS | SD0526   |  |  |
| INSTRUCTIONS - See RUS Bulletin 1744-2            | PERIOD ENDED December, 2012                      |  |  |
| CERTIFICATION LOAN DEFAULT NOTES TO THE O         | PERATING REPORT FOR TELECOMMUNICATIONS BORROWERS |  |  |